

FINANCIAL AFFIDAVIT

CAK-1
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY'S FEES AND COSTS AND OTHER SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

USA vs. Olita Faafiti

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Olita Faafiti
AKA Olita AsiataFILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII

DEC 17 2002

at 10 o'clock and 55 minutes M.
WALTER A. Y. CHINN, CLERK

CHARGE/OFFENSE (describe if applicable & check box →)

☐ Felony☐ Misdemeanor☐ 3 Appellant☐ 4 Probation Violator☐ 5 Parole Violator☐ 6 Habeas Petitioner☐ 7 55 Petitioner☐ 8 Material Witness☐ 9 Other (Specify)

DOCKET NUMBERS

Magistrate

02-0932 KSC

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____ RECEIVED 550 + 380 SSI
	CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____ VALUE _____ DESCRIPTION _____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents <u>2</u> List persons you actually support and your relationship to them <u>wife 23</u> <u>wife 22</u>
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>Rent</u> Creditors Total Debt Monthly Payt. \$ <u>1500</u>

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

Dec 17, 02

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Olita Faafiti

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